COVID-19 Briefing for Outpatient Settings

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March 10, 2020



<u>Disclaimer</u>

This presentation was given on March 10, 2020 based on the CDC and VDH guidance at that time. Due to the evolving nature of our response, some information may be outdated. Please visit the CDC COVID-19 Website and the VDH COVID-19 Website for the most updated guidance.



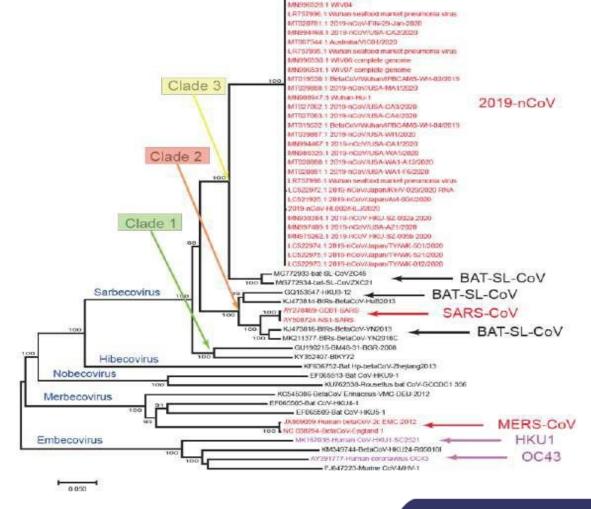
SARS-CoV-2

Initially referred to as 2019-nCoV

Reservoir appears to be bats

96% identity with bat SARS-like coronavirus strain BatCov RaTG13

Intermediate host animal not yet known



MN996529.1 2019-nGoV/WV05 MT099673.1 2019-nGoV/HZ-1

MINISPERSON & 2015-NC/W WHI INC.

MN98868 1 2019-rCcV-WHU01 MN996E27 1 WIV02

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MMS88713.1.2019-nGc/MUSA-IL1/2020 MT019533.1 BetaCc//Www.arwiPBCAMS-WH d5/2020

MT07968 1 2019-9CoV/USA-CAS/2020 MT079629 1 BetaCoV/Wuhan/PBCAMS-WH-01/2010

MT019631 1 BotaCoV/Wuhan/IPBCAMS-WH 03/2019



COVID-19 Signs and Symptoms among Confirmed Cases Reported in China

Sign or symptom*	%
Fever	87.9
Dry Cough	67.7
Fatigue	38.1
Sputum	33.4
Shortness of breath	18.6
Myalgia or arthralgia	14.8
Sore throat	13.9
Headache	13.6
Chills	11.4
Nausea or vomiting	5.0
Nasal congestion	4.8
Diarrhea	3.7

^{*}Among 55,924 confirmed cases



Key Findings from the WHO-China Report (as of 2/20/20)

Location and Occupation

Hubei Province: 77.0%

Farmers or Laborers: 21.6%

Age

Median Age: 51 years

Range: 2 days - 100 years

30-69 years: 77.8%

<19 years: 2.4%

Sex

Male: 51.1%

Female: 48.9%

Spectrum of Disease

Mild: 80%

Severe: 13.8%

Critical: 6.1%





Key Findings from the WHO-China Report (as of 2/20/20)

Duration of Illness

Mild Disease: ~2 Weeks

Severe or Critical Disease: 3-6 Weeks

Onset to Severe Disease: 1 Week

Onset to Death: 2-8 Weeks

Severe Disease or Death

Increased with Age

Case-fatality Rate >80
Years: 21.9%

Case-fatality Rate in Males: 4.7%

Case-fatality Rate in Females: 2.8%

Severe Disease <19 Years: 2.5%

Critical Disease <19 Years: 0.2%

Case-fatality Rate by Comorbidity

No Comorbidity: 1.4%

Cardiovascular Disease: 13%

Diabetes: 9.2%

Hypertension: 8.4%

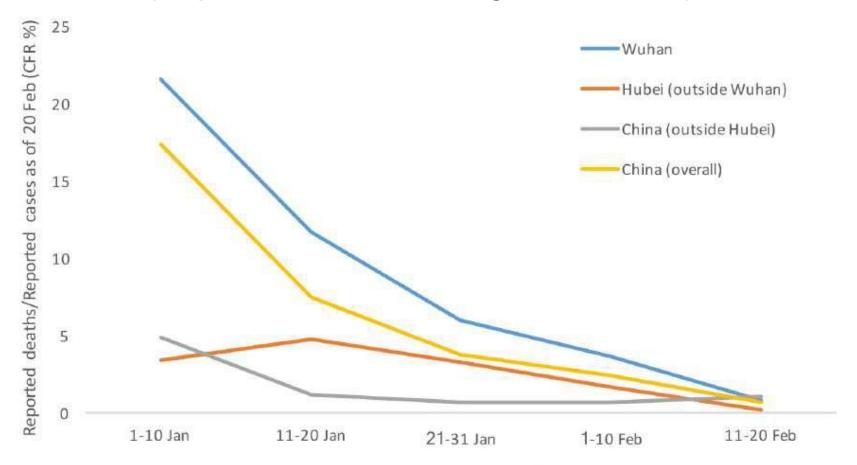
Chronic Respiratory
Disease: 8.0%

Cancer: 7.6%



Case Fatality Ratio

(Reported Deaths among Total Cases)



Tilme Period 1 January to 20 February

Case fatality ratio for COVID-19 in China over time and by location, as of 20 February 2020



Key Findings from the WHO-China Report (as of 2/20/20)

Pregnant Women (n=147)

64 Confirmed Cases

Severe Disease: 8%

Critical: 1%

Healthcare Personnel

2,055 Confirmed Cases

476 Hospitals across China

88% from Hubei Province

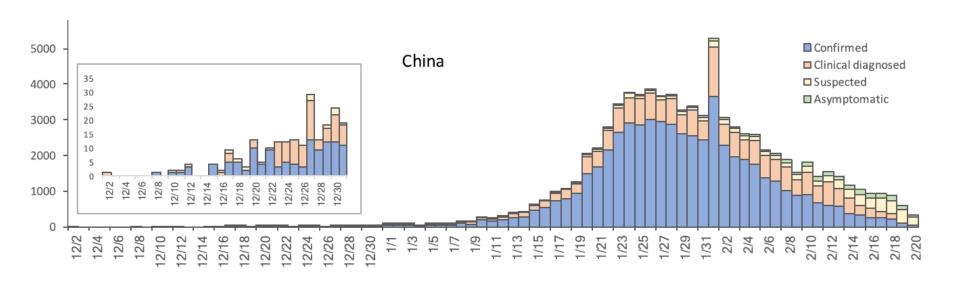


China's Response

- Public information and targeted education
- Identified, isolated and provide medical care for cases
- Identified and quarantined contacts of cases
- Tracked cases and contacts
- Expanded healthcare staffing and hospital bed capacity
- Cancelled mass gatherings
- Closed wet markets and wildlife markets
- Banned travel in and out of Wuhan and surrounding jurisdiction
- Controlled transportation



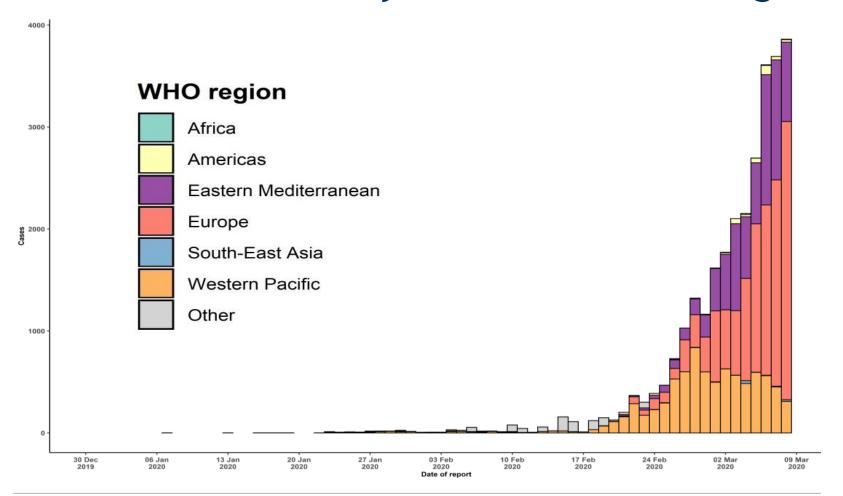
Epidemic Curve of COVID-19 Cases in China



Epidemic curve of COVID-19 cases reported in China by date of onset of illness, as of 20 February 2020



Epidemic Curve of COVID-19 Cases Outside of China by Date and WHO Region



As of March 9, 2020



World Health Organization Distribution of COVID-19 cases as of 09 March 2020 Russian Federation Canada f Moldova Morocco Mexico Dominican Saint Martin Cambodia Philippines Cameroon Maldives French Guiana Malaysia Number of Indonesia Confirmed cases* Finland Brazil 1 - 2 Faroe 3 - 10 Paraguay Estonia 11 - 100 Australia Latvia 9 101 - 500 Lithuania 501 - 1,000 New Zealand 1,001 - 5,000 *'Confirmed' cases reported between 13 and 19 February 2020 5,001 - 10,000 include both laboratory-confirmed and clinically diagnosed (only applicable to Hubei province); for all other dates, only laboratory-> 10,000 confirmed cases are shown.

Gibraltar •

Data Source: World Health Organization

Map Production: WHO Health Emergencies Programme

Not applicable

O 2,500 5,000 km

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696 cases are identified on a cruise ship

currently in Japanese territorial waters.

The boundaries and names shown and the designations used on this map do not imply the expression of any opinion whatsoever on the part of the World Health Organization concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted and dashed lines on maps represent approximate border lines for which there may not yet be full agreement.

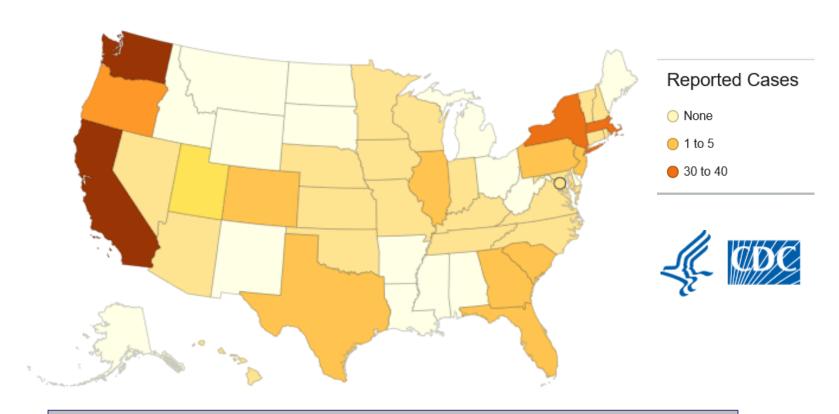


Country, area or territory

with cases

States Reporting Cases of COVID-19 to CDC

As of 3/9/20, Total U.S. Cases = 423; Total U.S. Deaths = 19



As of 3/9/20, Virginia has 5 cases of COVID-19



GUIDANCE FOR OUTPATIENT SETTINGS



Screening Patients with Respiratory Symptoms

- Have you travelled in the past two weeks, and if so where and when?
 - Stay informed with the updated <u>affected geographic</u> regions
- Did you have contact with someone confirmed to have COVID-19?
- Attempt to minimize exposure of patients with possible COVID-19 among other patients in waiting areas



Travel Notices and Restrictions (as of 3/3/20)

WARNING LEVEL 3

RECOMMENDATION

Avoid Nonessential Travel

AFFECTING

China, South Korea, Iran, Italy

ALERT LEVEL 2

RECOMMENDATION

Practice Enhanced Precautions

AFFECTING

Japan

WATCH LEVEL I

RECOMMENDATION

Practice Usual Precautions

AFFECTING

Hong Kong

Reconsider cruise ship voyages to or within Asia

Entry of foreign nationals from these destinations has been suspended:

- China
- Iran



Travelers Under Public Health Monitoring in Virginia

Fotal Number of People under Public Health Monitoring, by Monitoring Status					
	Low Risk**	Medium Risk†	High Risk	Total^^	
Currently under Monitoring	23	121	22	166	
Completed Monitoring without further Public Health Action	16	236	0	252	
Total	39	357	22	418	



COVID-19 Testing Availability

Virginia Public Heath Lab (DCLS)

- Testing specimens as of February 29, 2020
- VDH approval required specimens should not be sent without approval
- Specimen collection guidance available on DCLS website

Private Labs

- Select private labs are able to perform testing as of March 6, 2020
- VDH approval is not necessary
- Contact your lab provider to determine testing availability



Interim COVID-19 Testing Criteria through DCLS

Clinical Features		Epidemiologic Risk	
Fever OR signs/symptoms of lower respiratory illness (e.g., cough or shortness of breath)	AND	Any person, including health care personnel, who has had close contact with a laboratory-confirmed COVID-19 patient within 14 days of symptom onset	
Fever AND signs/symptoms of lower respiratory illness AND tested negative for influenza	AND	A history of travel to a country with a Level 2 or 3 Travel Advisory OR an area with confirmed ongoing community transmission, within 14 days of symptom onset	
Fever OR signs/symptoms of lower respiratory illness (e.g., cough or shortness of breath) AND tested negative for influenza AND a respiratory virus panel negative for all pathogens AND without an alternative explanatory diagnosis	AND	Residing in a nursing home or long-term care facility within 14 days of symptom onset	

More details can be found on the VDH Updated Testing Guidance



Requirements to Care for Patients with Suspect or Confirmed COVID-19



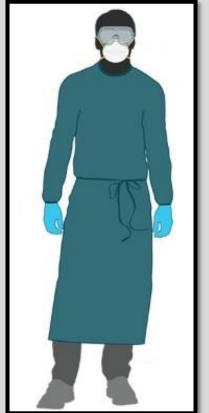


OR
Private Room with Door Closed



AND

Staff Trained On Recommended Personal <u>Protective Equipment</u> (PPE)





Minimum PPE Requirements for Suspect or Confirmed COVID-19

Healthcare Providers in Close Contact

Patients



Hand Hygiene



N95 Respirator



Goggles or Face Shield



Gloves



Gown



Hand Hygiene



Facemask



Clinical Management

- Currently no specific antiviral treatment
- Prompt infection prevention and control and supportive management of complications is recommended
- Patients with mild illness might not initially require hospitalization
- Signs and symptoms might worsen in 2nd week of illness
- Decision to monitor patient in an inpatient or outpatient setting is made on case-by-case basis
- Avoid corticosteroids unless indicated for other reasons

List of treatments and vaccines in development

www.clinicaltrialsarena.com/analysis/coronavirus-mers-cov-drugs/



Transferring Suspected COVID-19 Patients

- If a patient with suspected or confirmed COVID-19 needs to be transferred to another facility
 - Provide patient with a facemask
 - Call ahead to next facility to inform them of symptoms and risk factors
 - Keep a log of all persons who cared for or entered the rooms or care area of these patients
- Contact your <u>local health department</u> to report a suspected COVID-19 case



Virginia Reporting Requirements

COVID-19 is a reportable condition

Healthcare providers are legally required to report all suspected cases and confirmed cases to the local health department immediately

Healthcare providers are encouraged to report cases using our online electronic reporting tool whenever possible



Guidance on Assessment and Monitoring of Healthcare Contacts

- If COVID-19 is identified, healthcare personnel are assessed and classified as high-, medium-, or low-risk depending on multiple factors
 - Exposure duration, patient symptoms, if patient was wearing facemask, aerosol-generating procedures, and type of PPE used by healthcare personnel
- Recommendations for monitoring for COVID-19 and work restrictions depend on exposure risk classification
- LHD will work with each facility to outline roles and responsibilities

VDH Healthcare Personnel Risk Assessment Tool



Infection Prevention and Control Actions Needed Now

- Ensure signs and respiratory etiquette stations are in place and easily visible at entrance points
- Meet with staff to educate them on COVID-19 and what to do to prepare
- Plan to optimize your facility's supply of PPE due to ongoing shortages
 - VDH does not have PPE available for external entities
 - Report any healthcare facility supply chain issues to the Regional Healthcare Coalition
- Explore alternatives to face-to-face triage and visits to minimize healthcare worker encounters

Environmental Cleaning

- Products with EPA-approved emerging viral pathogens claims are recommended for use against COVID-19
- Follow the manufacturer's instructions for all cleaning and disinfection products (e.g., concentration, application method and contact time, PPE)

A list of products with EPA-approved emerging viral pathogens claims, maintained by the American Chemistry Council Center for Biocide Chemistries (CBC), is available here



Guidance IF COVID-19 Spreads in Community

- Reschedule non-urgent outpatient visits as necessary
- Consider reaching out to patients who may be a higher risk of COVID-19-related complications
- Consider accelerating the timing of high priority screening and intervention needs for the short-term
- Symptomatic patients who need to be seen in a clinical setting should be asked to call before they leave home
- Eliminate patient penalties for cancellations and missed appointments related to respiratory illness



Help Counter Stigma

- Support people who are coming back to school or work after completing their quarantine or isolation period for COVID-19
- Maintain confidentiality of those seeking health care and those who are part of any contact investigation
- Raise awareness without increasing fear
- Share accurate information about how virus spreads
- Provide social support



New or Updated CDC Guidance

Revised PUI Case
Definition

Healthcare Infection Control Guidance Healthcare
Personnel with
Potential Exposure
Guidance

Pregnant Women and Children FAQs

Inpatient Obstetric
Healthcare
Guidance

<u>Discontinuation of</u> <u>Transmission-</u> based Precautions

HCP Preparedness Checklist and Tool

Strategies for Long-Term Care Facilities

COVID-10 Publications



CDC Resources for Outpatient Settings

Criteria to Guide Evaluation of PUI for COVID-19:

https://www.cdc.gov/coronavirus/2019-ncov/hcp/clinical-criteria.html

Steps Healthcare Facilities Can Take Now to Prepare for Coronavirus Disease 2019 (COVID-19): www.cdc.gov/coronavirus/2019-

ncov/healthcare-facilities/steps-to-prepare.html

Interim Infection Control Guidance:

https://www.cdc.gov/coronavirus/2019-ncov/infection-control/index.html

Interim Guidance for Healthcare Facilities: Preparing for Community Transmission of COVID-19 in the United States:

www.cdc.gov/coronavirus/2019-ncov/healthcare-facilities/guidance-hcf.html

Interim ICD-10 Coding Guidance for COVID-19:

www.cdc.gov/nchs/data/icd/ICD-10-CM-Official-Coding-Gudance-Interim-Advice-coronavirus-feb-20-2020.pdf

Strategies for Ensuring Healthcare Systems Preparedness and Optimizing N95 Supplies: www.cdc.gov/coronavirus/2019-ncov/hcp/healthcare-supply-ppe.html



VDH Resources for Outpatient Settings

Information for Healthcare Providers:

http://www.vdh.virginia.gov/content/uploads/sites/13/2020/03/Provider_FAQ_03082020.pdf

Interim Guidance for COVID-19 Testing:

http://www.vdh.virginia.gov/content/uploads/sites/13/2 020/03/VDH_Updated_Guidance_on_COVID19_Testing_030 52020.pdf

Healthcare Personnel Risk Assessment Tool:

http://www.vdh.virginia.gov/content/uploads/sites/13/2 020/03/VDH_COVID-

19_Healthcare_Personnel_Risk_Assessment_Tool_3.8.2020
.pdf



CDC Patient Resources

COVID-19 Factsheet: https://www.cdc.gov/coronavirus/2019-ncov/downloads/2019-ncov-factsheet.pdf

Steps to Prevent the Spread of COVID-19:

https://www.cdc.gov/coronavirus/2019-ncov/about/steps-when-sick.html

Travelers: Frequently Asked Questions and Answers:

https://www.cdc.gov/coronavirus/2019-ncov/travelers/faqs.html

People at Higher Risk and Special Populations:

https://www.cdc.gov/coronavirus/2019-ncov/specificgroups/index.html

Preventing the Spread of COVID-19 in Communities:

https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-preventspread.html



PUBLIC HEALTH SYSTEM RESPONSE





CDC Protects and Prepares Communities

CDC is aggressively responding to the global outbreak of COVID-19 and preparing for the potential of community spread in the U.S.

- Conducts outreach to travelers
- Issues travel notices



Laboratory and diagnostics

- Develops diagnostic
- Confirms all positive test results submitted by states

· · · Schools

Provides guidance for schools including school closures and online education options

Businesses

Provides business guidance including recommendations for sick leave policies and continuity of operations

: · · Community members

- Shares information on symptoms and prevention
- Provides information on home care
- Encourages social distancing









· · · Health departments

- Assesses state and local readiness to implement community mitigation measures
- Links public health agencies and healthcare systems

Healthcare professionals

- Develops guidance for healthcare professionals
- · Conducts clinical outreach and education

Healthcare systems

- Develops preparedness checklists for health systems
- Provides guidance for PPE supply planning, healthcare system screening, and infection control
- Leverages existing telehealth tools to redirect persons to the right level of care















Virginia Readiness

Incident command structure in place since January 22, 2020

Preparedness Plans

Built on pandemic influenza experience

Working with CDC, state and local organizations, and other partners

Public Health Information Campaign

Working with media and providing targeted communications

Webpage and Call Center (1-877-ASK-VDH3)



COVID-19 Surveillance and Investigation

Gather necessary information to guide response efforts

Ensure appropriate prevention measures are implemented

Public Health Response

Perform laboratory tests when necessary

Identify potentially exposed people



Identify and Monitor People Exposed to COVID-19

- Airport screening
 - Exit & entry screening Flights from China & Iran
 - Exit screening in Italy & Korea
- Monitoring and movement restrictions of travelers and contacts to cases
 - Contact info of travelers from China & Iran provided to state health departments
 - Other travelers instructed at airport to stay home and monitor themselves for 14 days
- Contact tracing



Nonpharmaceutical Interventions











Knowledge Gaps

- Source of infection
- Pathogenesis and virulence evolution of the virus
- Transmission dynamics
 - Role of aerosol transmission in non-healthcare settings
 - Role of fecal-oral transmission
- Viral shedding
- Risk factors for infection
 - Asymptomatic infection
- Seasonality



Take Home Messages

- Prepare your facility to safely triage and manage patients with respiratory illness, including COVID-19
- Immediately report suspect or confirmed COVID-19 cases to your local health department
- Everyone has a role to play in preparing for COVID-19 in the community



General COVID-19 Resources

Virginia Department of Health (VDH)

- 35 Local Health Districts
- www.vdh.virginia.gov/coronavirus

Centers for Disease Control and Prevention (CDC)

- COVID-19 Website: www.cdc.gov/coronavirus/2019-nCoV
- Health Alert Network (HAN): https://emergency.cdc.gov/han/2020.asp

World Health Organization (WHO)

• <u>www.who.int/emergencies/diseases/novel-coronavirus-2019</u>



